

**Greater Connecticut Youth Orchestras  
KUBTEC Bob & Dorothy Genualdi Scholarship  
Application**

**DUE FIRST DAY OF REHEARSALS**

Student's Name \_\_\_\_\_ Grade in school \_\_\_\_\_

Instrument \_\_\_\_\_ Prior Yr. Ensemble \_\_\_\_\_

# Years in GCTYO \_\_\_\_\_

Address \_\_\_\_\_

Parent Email \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please answer the questions below carefully. If you need more space, continue your responses on the back or attach another sheet if necessary. Return this form with a *GCTYO financial aid application* and a *copy of your most recent tax return* by First Day of Rehearsals to: GCTYO, P.O.Box 645, Fairfield, CT 06824 OR [turn it in at rehearsal](#).**

Why is it important for you to play a musical instrument? (Not to exceed 300 words) \_\_\_\_\_

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Why do you want to be a part of GCTYO? (Not to exceed 100 words) \_\_\_\_\_

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